

The Difference in Vision Care Fees & Medical Care Fees

To avoid misunderstanding and confusion about our professional fees for Vision Care vs. Medical Care, please read and sign the following:

No Insurance Coverage

If you are healthy and have healthy eyes, wellness eye exam fees will be charged for your eye exam and/or contact lens exam to correct your nearsightedness or farsightedness or astigmatism or presbyopia.

If you have a general health problem or an eye disease then medical eye exam fees will be charged for your medical eye care. (Further explanation under Medical Insurance below)

Vision Plan and/or Medical Insurance

Many Patients have vision plans and many have medical insurance coverage for their eye care, some have both. Your eye care problem will determine which Insurance Carrier we will file with for your eye care visit. Often, there is no way to know before your examination which type of insurance we file. If you have questions about your insurance coverage and/or your eye care fees, please feel free to discuss them with our staff or doctors.

A Vision Plan

A Vision Plan will pay for your wellness eye exam if you are healthy and have healthy eyes.

The results of your wellness eye exam are used to correct vision problems such as; myopia, hyperopia, astigmatism and/or presbyopia.

A Vision Plan usually (but not always) requires a co-pay if you are examined for contact lenses.

A Vision Plan does not pay for your examination if the examination requires medical decision-making and/or the treatment of a medical eye problem.

Medical Insurance

Medical Insurance will pay for your eye care if your examination requires testing and medical decision-making because you have:

- Systemic health problems (diabetes, high blood pressure, thyroid, etc.)
- An eye disease (cataracts, glaucoma, diabetic retinopathy, allergic conjunctivitis, ocular surface disease, etc.)
- A medical condition that requires taking a high-risk medication (plaquenil, etc.).

If you have a medical problem or we discover a medical eye problem during the exam, we are required to furnish a Medical-level eye examination that is determined by your Medical Insurance Carrier. The complexity of your medical condition and the level of medical decision-making required to treat the problem are factors used to determine the exam fee level and co-pay amount. We did not set these fees your Insurance carrier did.

Also, depending on your medical problem, certain Supplemental Tests may be necessary. The fees for these Tests are usually paid by your Insurance Carrier but often they will also require you to pay an additional co-pay amount. Medical Insurance Carriers have very specific guidelines regarding every aspect of your medical eye care testing and documentation which they require us as a provider by signed contract to follow.

Our office did not make these Insurance rules, they were made by the Insurance carriers.

Financial Responsibility

Your insurance is a method for you to receive reimbursement for fees you have paid to the optometrist for services rendered. Having insurance is not a substitute for payment. Many companies have fixed allowances or percentages based on your contract with them not with our office. It is your responsibility to pay in advance for the deductible, coinsurance, or any other balances not paid for by your insurance. We will assist you in receiving reimbursement as much as possible, but you are responsible in advance for your bill.

By signing this statement, I authorize the doctors of Jacksonville Eyecare, Inc. to file my vision plan and/or Medical insurance claims and agree to financial responsibility for all charges. I authorize the release of any medical information to the third party organization necessary to process claims for any services rendered. I understand that all professional fees are non-refundable. I also understand that I am responsible for payment should my claim be denied and for any remaining balance after the insurance claim has been submitted. This assignment will remain in effect until revoked in writing. A photocopy of this assignment is considered to be as valid as the original.

Patient's Signature (or Guardian if minor) _____ Date ____/____/____